

**EPA Region 8 Drinking Water Unit  
Finished Water Storage Tank Inspection/Cleaning Checklist**

Fill out one checklist per storage tank

PWS Name: _____	PWS ID: _____
Tank Name: _____	Tank ID: _____
Proposed Inspection Date: _____	Actual Inspection Date: _____
Name of Person Filling Out Form: _____	Title of Person Filling Out Form: _____
I certify that this information is complete and accurate:	Date: _____

**Inspector Qualifications (answer to all questions must be "yes")**

Name and contact information of inspector (if water system personnel) or inspection company: \_\_\_\_\_

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the inspector completed confined space training?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the inspector have a confined space entry permit?

**Overall Tank Condition**

	Significant Deficiency	Required Correction	Proposed Completion Date	Actual Completion Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the tank appear to be structurally sound?	If no, what repairs are suggested by the tank inspector? _____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any unprotected openings in the tank (breaches, leaks, daylight coming through tank in spots, etc)	If yes, indicate type of breach and how it should be repaired. _____	_____	_____

**Cleaning and Other Items**

	Significant Deficiency	Required Correction	Proposed Completion Date	Actual Completion Date
	Describe any other items noted by the inspector that have the potential to cause contamination of the finished drinking water: _____	What repairs are suggested to prevent or eliminate the source of contamination? _____	_____	_____
Date of most recent tank cleaning: _____				
Depth of sediment found in the tank before cleaning (inches): _____				
How was the storage tank cleaned? _____				
How was the storage tank disinfected after cleaning? _____				
List any objects found inside the tank during cleaning that may have introduced contamination into the water system (examples: debris, animals, etc): _____				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	If animal carcasses or other animal debris were found, was EPA notified immediately?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Was the entry point for the carcass or debris eliminated? Describe: _____			
Please attach tank as-built drawings (if available) or a sketch of the tank's configuration and dimensions including the location, layout and dimensions of all major components (i.e. access hatch, vent, overflow, drain)				